

Student Full Name:

NH Department of Safety Division of Motor Vehicles 10 Hazen Drive Concord, NH 03305 (603)271-2485

Virginia C. Beecher Director of Motor Vehicles



NH Department of Safety Division of Motor Vehicles 10 Hazen Drive Concord, NH 03305 (603)271-2485

Driver's Out-Of-Class Log Sheet

Virginia C. Beecher Director of Motor Vehicles

Driver's Out-Of-Class Log Sheet

| Date of l | Birth: _ | | / | Telephone #: | | |
|--------------------------|---------------------|-----------------------|----------------------------|--|--|--|
| Name of | Drivin | g Schoo | ol Attendi | ng: | | |
| Date | | Time rt End | Total Time | Skill Practiced | Parent/Guardian Signature | |
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| addition to much as p | o the Drivossible w | ver Educ vith your | ation Progr child. Plea | ours of practice driving vam Certificate. We encouse note that the law states and the licensed driver must | urage you to practice as a that the driver must be | |
| I certify th | nat my ch | ild has re | eceived a m | inimum of 20 hours of pra | actice driving: | |
| Parent/Gu | ardian | | | | | |
| Sig | nature: _ | :: 1 | | lty of unsworn falsification | Date: | |
| i nis auti | iorization | is signed | unaer pena | ity of unsworn faisification | pursuant to RSA 641:3 | |

| Student | Full Na | me: | | | |
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| | - | 1145 10 | corred a m | | action dirving. |
| Parent/Gu | ıardian | | | | |

This authorization is signed under penalty of unsworn falsification pursuant to RSA 641:3

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